## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		Office Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAIL OR TYPE OR F		
ADDRESS (number and street)  Check if different than previously reported. (ACC)  P.O. Box 5	136	CT   06880
2. FEC IDENTIFICATION NUMBER ▼	CITY 🛋	STATE▲ ZIP CODE ▲
C00413682	3. IS THIS NEW (N) OR	X AMENDED (A) CT
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Termination Report (TER)	(b) 12-Day PRE-Election Report for the Primary (12P)  Convention (12C)  Election on 1 1 0 7  (c) 30-Day POST-Election Report for th General (30G)  Election on	X General (12G) Runoff (12R)  Special (12S)  2 0 0 6 in the State of
5. Covering Period 1 0 0 1	2 0 0 6 through 1	0 18 2006
I certify that I have examined this Report and to the Type or Print Name of Treasurer  Barba	best of my knowledge and belief it is true, cor ra Schwimmer	rect and complete.
Signature of Treasurer Electronically Filed by  NOTE: Submission of false, erroneous, or incomp	Barbara Schwimmer	Date 0 1 0 8 2 0 0 7 g this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)